

PATENT APPLICATION

OLIFF & BERRIDGE, PLC
Telephone: (703) 836-6400
Facsimile: (703) 836-2787

Attorney Docket No.: 110530

CUSTOMER NUMBER 25944

AMENDMENT TRANSMITTAL

In re the Application of

Didier RAOULT et al.

Group Art Unit: 1645

Application No.: 09/936,921

Examiner: P. BASKAR

Filed: September 24, 2001

For: DIAGNOSIS OF WHIPPLE'S DISEASE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.
☐ Small entity status of this application has been established.

Any additional claim fees have been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL CLAIMS	*44 MINUS	**42	=2	x 25	\$		x 50	\$ 100
INDEP CLAIMS	*6 MINUS	***4	=2	x 100	\$		x 200	\$ 400
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 180	\$	OR	+ 360	\$
					\$			\$ 500

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ The fees are being paid electronically with this filing. The Commissioner is hereby authorized to charge any additional fee (or credit any overpayment) associated with this communication to Deposit Account No. 15-0461.

Respectfully submitted,

Leana Levin

William P. Berridge
Registration No. 30,024

Leana Levin
Registration No. 51,939

WPB:LL/can
Date: July 19, 2007